



AGENCY OF AGRICULTURE, FOOD & MARKETS

Public Health and Agricultural Resource Management Division

Steve Dwinell, Director

[www.agriculture.vermont.gov](http://www.agriculture.vermont.gov)

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## REQUEST FOR PERMIT TO CONDUCT TERRESTRIAL INVASIVE PLANT PESTICIDE APPLICATION

Pursuant to 6 V.S.A. Chapter 87 and the Vermont Rule for Control of Pesticides (the Rule), a request is made for a permit to conduct a pesticide application for terrestrial invasive plant species within the State of Vermont to control terrestrial invasive plant species in a right-of-way for purposes other than clearing or maintaining a right-of-way.

### A. General information

1. Title of organization: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Telephone number: \_\_\_\_\_

4. Contact person: \_\_\_\_\_

5. Terrestrial invasive plant species:

\_\_\_ a. Japanese Knotweed (*Polygonum cuspidatum*)

\_\_\_ b. Common Barberry (*Berberis vulgaris*)

\_\_\_ c. Japanese barberry (*Berberis thunbergii*)

\_\_\_ d. Common buckthorn (*Rhamnus cathartica*)

\_\_\_ e. Glossy buckthorn (*Frangula alnus*)

\_\_\_ f. Purple loosestrife (*Lythrum salicaria*)

\_\_\_ g. Honeysuckle (*Lonicera sp.*)

\_\_\_ h. Other - describe

6. Type of treatment

- ☐ a. Selective basal
- ☐ b. Stump treatment
- ☐ c. Dormant cane (broadcast basal)
- ☐ d. Soil applications (soil sterilant)
- ☐ e. Ground broadcast stem-foliage
- ☐ f. Stem injection (frill treatment)
- ☐ g. Other - describe:

B. Site-specific information

1. Town receiving an application:
2. Please explain your plan demonstrating how you will either be able to eradicate or otherwise further control the spread of the invasive species with a reduction in any continued chemical applications.
3. Total acreage to be treated                      Total acres:  
  
Ground application                                      Acres: \_\_\_\_\_
4. Anticipated starting date: \_\_\_\_\_

C. Special Needs - Treatment Within Buffer Strips

1. Specific Areas where Application is to be Made:
2. Type of Vegetation to be Controlled:
3. Pesticide(s) to be Applied (List Here and in Section E):
4. Rate of Application (List Here and in Section E):
5. Application Technique to be Implemented:
6. Application Equipment to be Used:

7. Explain how this Request will Protect Sensitive Areas, Sensitive Crops, Site Conditions, Wells, etc.:

D. Applicator information

1. Applicator's name: \_\_\_\_\_
2. Applicator's company name: \_\_\_\_\_
3. Applicator's company address: \_\_\_\_\_  
\_\_\_\_\_
4. Applicator's Vermont Applicator Certificate Number: \_\_\_\_\_
5. Applicator's company telephone number: \_\_\_\_\_

## E. Control details

Pesticide(s) to be used and rate(s) to be applied. If more than one chemical is listed, then a summary of the uses intended for each chemical must be provided. The summary should state whether the chemical will be mixed or applied separately, specifying which chemicals will control what types of vegetation. *Please Note: A copy of a label, must be supplied for each chemical to be used.*

Trade Name	Common Name of Active Ingredient(s)	EPA Reg. Number	Applic. Rate Product/Acre	Vegetation to Be Controlled	Type of Application and Equipment to be Used
Example: GARLON 4	Triclopyr	62719-40	0.25-1.25 gal/acre	Undesirable Tree Species	Low Volume Basal & Stump Backpack Sprayer



F. Other information to be submitted with application

1. Current labelling for each pesticide to be used.
2. Plan demonstrating how the permit applicant will either be able to eradicate or otherwise further control the spread of the invasive species with a reduction in any continued chemical applications in accordance with Rule Section 6.08(d).

The Applicant certifies that, to the best of their knowledge, the provided information is true and accurate.

The Applicant further understands that weekly spray and dusting operations must be reported to the Vermont Agency of Agriculture, Food and Markets on forms furnished by the Agency, sent to the Agency electronically and not later than the close of business on the Monday following the week's operation.

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Signature of Applicant

Date

(NOTE: Additional sheets may be attached to include further information.)